



# Board of Hearing Aid Dispensers and Audiologists

Mailing Address:  
810 North Main Street, Suite 298  
Spearfish, SD 57783

Phone: (605) 642-1600  
E-Mail: office@sdlicensing.com  
Home Page: audiology.sd.gov

## In-Person Practicum Waiver Request

This form must accompany all applications for licensure by endorsement. The Board must approve all requests to waive the in-person practicum before the Board. An applicant must meet all other qualifications of SDCL 36-24-17.2 including having taken the International Hearing Society (IHS) exam and have been actively practicing as a Licensed Hearing Aid Dispenser for at least 2 of the last 5 years to be considered.

### **EMPLOYMENT HISTORY AS A LICENSED HEARING AID DISPENSER:**

Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Employer Address: \_\_\_\_\_

(Street and PO Box) (City) (State) (Zip)

Employer Telephone Number: \_\_\_\_\_

Inclusive dates of employment:

Starting date: \_\_\_\_\_ to Ending Date: \_\_\_\_\_

Employed: Full-Time  Part-Time

Previous Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Employer Address: \_\_\_\_\_

(Street and PO Box) (City) (State) (Zip)

Employer Telephone Number: \_\_\_\_\_

Inclusive dates of employment:

Starting date: \_\_\_\_\_ to Ending Date: \_\_\_\_\_

Employed: Full-Time  Part-Time

\*Please attach additional employer information as needed

(over)

I declare and affirm under the penalties of perjury that this form has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I affirm I have knowledge and proficiency in the areas outlined in SDCL 36-24-20:

**36-24-20. Scope of qualifying examinations.**

Any applicant who otherwise qualifies for a license to practice hearing aid dispensing is entitled to be examined. The examination shall include the following:

- (1) Tests of knowledge in the following areas as they pertain to the fitting and dispensing of hearing aids:
  - (a) Basic physics of sound;
  - (b) The human hearing mechanism, including the science of hearing and the rehabilitation of abnormal hearing disorders;
  - (c) Structure and function of hearing aids;
- (2) Tests of proficiency in the following techniques as they pertain to the fitting and dispensing of hearing aids:
  - (a) Pure tone audiometry, including air conduction and bone conduction testing;
  - (b) Live voice and recorded voice speech audiometry, including speech threshold testing and speech discrimination testing;
  - (c) Effective masking;
  - (d) Recording and evaluation of audiograms and speech audiometry tests to determine hearing aid candidacy;
  - (e) Selection and adaptation of hearing aids and testing of hearing aids;
  - (f) Taking earmold impressions, and proficiency in any other skills as they pertain to the fitting and dispensing of hearing aids.

No test under this section may include any questions requiring a medical or surgical education.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**FOR BOARD USE ONLY:**

**Board Member Signature**

Board President:

\_\_\_\_\_

Date of Review: \_\_\_\_\_

Notes: